

date received _____

**BOARD OF CERTIFICATION OF PUBLIC
WATER SYSTEM OPERATORS
STATE OF HAWAII**

☐ 1/31/06
☐ 7/25/06

Water Treatment Plant Operator Examination Registration Form
(please mail entire form)

DUE DATE: Certification application and fee, exam registration and fee must be received three months before the exam date.

EXAM FEE: \$30, make Cashier's Check or Money Order payable to STATE OF HAWAII. No personal checks accepted.

Mail registration and check to:

Board of Certification, Public
Water System Operators
Hawaii Dept. of Health, EMD
Safe Drinking Water Branch
919 Ala Moana Blvd., Room 308
Honolulu, HI 96814-4920

phone: (808) 586-4258
FAX: (808) 586-4351

☐ new address?

Last Name First Name Middle Initial

Business Address preferable

City State Zip Code Soc. Sec.No. (last 4 digits)

Business Phone No. Fax No. email (optional)

PWS ID. Water System

Exam fee of \$30 is attached for: **Exam Grade Level** _____

Signature

Date